CLAIMS AS FILED - PART (Column 2)											A	Application or Docket Number			
Column 1 Column 2 TYPE	PATENT APPLICATION FEE DETERMINATION RECOI Effective December 29, 1999								RD			09	(i	(e) (e)	04
BASIC FEE	(Column 1) (Column 2)												OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS	FOR NUM				ER FILED		NUMBER EXTRA			RA	ΓE	FEE]	RATE	FEE
MULTIPLE DEPENDENT CLAIMS PRESENT	ВА	SIC FEE										345.00	OR		690.00
MULTIPLE DEPENDENT CLAIM PRESENT	тс	TAL CLAIMS		minus 2			0= *			X\$	9=		OR	X\$18=	
### ### ##############################	INDEPENDENT CLAIMS			3 minus:			3 = *			X39)=		OB	X78=	
TOTAL	MULTIPLE DEPENDENT CLAIM P				RESENT					+13	Ω=	1	1	+260-	/
CLAIMS AS AMENDED - PART	* If the difference in column 1 is less than zero, enter "0" in column 2											<u> </u>			(1) (1-91)
Column 1 Column 2 Column 3 SMALL ENTITY OR SMALL ENTITY	CLAIMS AS AMENDED - PART !I									, 0 ,	,		jon	l	THAN
Total Minus Minu								(Column 3)		SMA	LL	ENTITY	OR		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			REM AF	AINING TER		PF	NUMBER REVIOUSLY			RAT	E	TIONAL		RATE	ADDI- TIONAL FEE
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		Total	*		Minus	**		=		X\$ 9	9=		OR	X\$18=	
+130=		· · · · · · · · · · · · · · · · · · ·	*	N OF M	1				Ī	X39)=	_	OR	X78=	
Column 1)		FINOI PRESE	MIMIC	IN OF WIL		CINE	DENT CLAIM			+130)=		OR	+260=	
Column 1												<u></u>		TOTAL	
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+130 =	AME		*	N. 05 M	<u> </u>	<u> </u>				X39	=		OR	X78=	
TOTAL ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS REMAINING NUMBER PRESENT AFTER AMENDMENT PAID FOR FEE Total Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE OR ADDIT. FEE ADDIT. FEE OR X\$18= OR X78= OR TOTAL ADDIT. FEE OR ADDIT. FEE		FINST PHESE	NIAHC	ON OF MU	JLTIPLE DEI	PENL	DENT CLAIM		ľ	+130)=			+260=	
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REMAINING AFTER AMENDMENT Total Independent If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." RATE TIONAL FRATE			(Coli	umn 1)		(C	Column 2)	(Column 3)	Α	ווטט. ו		<u> </u>		AUDII. FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." * ADDIT, FEE ADDIT, FEE ADDIT, FEE	AMENDMENT C		REM AF	AINING TER		PF	NUMBER REVIOUSLY			RAT	E	TIONAL.		RATE	ADDI- TIONAL FEE
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	• • • •	If the "Highest No	mber Pr	eviously Pa	aid For" IN TH	IS SP.	ACF is less tha	n 3 enter "2" ,		DDIT. F	EE	BLE .			

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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:

09/66/604

Total Fee Calculation

		19(2) 10		•		
	Fee Cade	Tacal # Claims	Number Extra X	Fee	Eng 🔻 🕳	Total
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Bude Filing Fee	<u>2017101</u>	20			690.	
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Independent Claim: >3	20000	<u>Q</u> .1-	X			
Mishi, Dop Claim Present	<u>20471 (j.</u> 4					
Surcharge	205/105				13 D.	
English Translation	130					
TOTAL FEE CALCULA	ATION					
Fees due upon filing d	he application.					
Total Filling Fees Due	= 5	820.	90	,	•	
Less Filing Fees Subm	sided - S	Θ				

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Office of Initial Patent Examination

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)